U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 6.698	2. Fiscal Year Covered From:
	01 / 01 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Robert J Danley	Name United Union of Roofers, Local 96
	Labor Organization File Number [548]70
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any Room 456
Street [11233 Hampshire Ct. W.	Street 312 Central Ave.
City Champlin	City Minneapolis
State Minnesota ZIP Code + 4 55316	State Minnesota ZIP Code + 4 55414
5. Position in labor organization. Business manager	
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):	
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name John A. Dalsin Rooting	Company Golf Tournament 8/14/04
Trade Name, if any:	8/14/04
P.O. Box, Bldg., Room No., if any	
	7.b. Amount.
Street 2830 South 2040 Ave.	
City Minneapolis	\$75.00
State Minnesofa ZIP Code + 4 55 407	
Signature	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed Robert Vanley	On 8-5-05 763-925-6808 Date Telephone Number

Name of Person Filing Robert Danley	File Number U-
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or inclealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise
8. Name and address of Business (including trade name, if any). Name Wilson-McShanc Corporation Trade Name, if any: P.O. Box, Bldg., Room No., if any Suitc 500 Street 3001 Mctro Drivc City Blosmington State Minnesota ZIP Code + 4 55 425	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Roofers Trust Funds Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 500	Trust Fund Administrator
Street 3001 Metro Drive	11.b. Approximate dollar value of such dealing.
City Bloomington	12.a. Nature of interest held or income received.
State Minnesota ZIP Code + 4 55425	2 Tickets - Minnesota Twins Baseball Game.
	12.b. Amount. \$76.00
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above)
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.
(including trade name, if any).	Christmas Party/Dinner
Name Sieben Grose Vonholtum Mcloy Carey	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street 900 Midwest Plaza E. Bldg.	
City Minneapolis	
State Minnesota ZIP Code + 4 55402	
13.b. Is the Business an Employer X or Consultant ?	14.b. Amount of payment. \$ 40.00